


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90046 024 ***150.00

DOCUMENT # P99000100294	
1. Entity Name CICORP ENTERPRISES, INC.	

Principal Place of Business 7256 N.W. 25TH ST MIAMI, FL 33122	Mailing Address 7256 N.W. 25TH ST MIAMI, FL 33122
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40067852



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02182008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0972395	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MENICOCCI, UMBERTO 8375 SW 155 ST MIAMI, FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature (Typed or printed name of registered agent and title if applicable)	(NOTE: Registered Agent signature required when constituting)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, GIULIANA			NAME			
STREET ADDRESS	6950 S.W. 133RD ST			STREET ADDRESS			
CITY-STATE-ZIP	MIAMI, FL 33156			CITY-STATE-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENICOCCI, CLAUDIO			NAME			
STREET ADDRESS	6950 SW 133 ST			STREET ADDRESS			
CITY-STATE-ZIP	MIAMI, FL 33156			CITY-STATE-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UMBERTO, MENICOCCI			NAME			
STREET ADDRESS	8375 SW 155TH ST			STREET ADDRESS			
CITY-STATE-ZIP	MIAMI, FL 33157			CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 	04/15/08	305 477 0685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #